

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

BEST AVAILABLE COPY

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>11/11/03</u>		2 Serial/Patent # <u>109/412,570</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input type="checkbox"/>	Filing			\$							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition	Dupl. 37	10/21/03	\$ 130							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input checked="" type="checkbox"/>	Other (RCE)	Dupl. 38	10/21/03	\$ 770							
		7 TOTAL AMOUNT OF REFUND		\$							
		8 TO BE REFUNDED BY:									
10 REASON:		Treasury Check									
<input type="checkbox"/>	Overpayment	Credit Deposit A/C #:									
<input checked="" type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td>1</td><td>9</td><td>--</td><td>2</td><td>3</td><td>8</td><td>0</td> </tr> </table>			1	9	--	2	3	8	0
1	9	--	2	3	8	0					
No Fee Due (Explanation):											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Sherry D. Brinkley</u>		TITLE: <u>Petitions Examiner</u>									
SIGNATURE: <u>Sherry D. Brinkley</u>		PHONE: <u>305-9282</u>									
OFFICE: <u>Petitions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>Alvin Kelly</u>		DATE: <u>11/18/03</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: